

Missouri Bureau of Vital Records

Funeral Home Training Guide



Missouri Department of Health & Senior Services
930 Wildwood Drive
Jefferson City, MO 65109

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Funeral Home

Funeral directors and funeral home staff are responsible for registering accurate and complete records of death. The Missouri Electronic Vital Records (MoEVR) system, operated by the Missouri Department of Health and Senior Services – Bureau of Vital Records, exists to support the electronic registration of vital records, such as death certificates, in Missouri.

The death certificate is a permanent legal record of the fact and cause of death and funeral directors should work with medical certifiers to obtain medical certification and register these important records. Families use these permanent legal records to settle the affairs of their loved ones and to obtain insurance, veteran, and retirement benefits, among other legal or personal purposes. As a service to the decedent's family, a funeral director should prepare an accurate death record. This responsibility makes the funeral director a pivotal role in the death registration system.

Training Resources

National Center for Health Statistics – Training and Instructional Materials

(<https://www.cdc.gov/nchs/nvss/training-and-instructional-materials.htm>)

Missouri Electronic Vital Records (MoEVR) Training and Support

(<https://health.mo.gov/data/vitalrecords/training/index.php>)

National Vital Statistics System

In the United States, the legal authority to register deaths lies within 57 jurisdictions (50 states, 2 cities, and 5 territories). The 57 jurisdictions share death record information with the National Vital Statistics System (NVSS) at the Centers for Disease Control and Prevention (CDC). The compiled national mortality statistics inform a variety of medical and health-related research efforts. Local and state public health agencies use information from the death record to assess community health status and for disease surveillance (e.g., drug overdose deaths, influenza, and other infectious diseases).

Why Go Electronic?

The benefits of being an electronically registered funeral director/home in MoEVR include:

- Quickly electronically start and register a death certificate anywhere, anytime
- Electronically send a death certificate to a medical certifier for certification with no travel time, personal contact, or mailing transit times
- Real-time prompts, edits, and validations ensure both personal and medical information is not missing or incomplete delaying or preventing the registration of a death certificate
- Reduced registration lag times and decreased possibility of loss, theft, and fraud

Contact Bureau of Vital Records

The Missouri Bureau of Vital Records has field representative staff who travel the state training vital record data providers. Field staff can also arrange for telephone/web conference training calls.

If you are a vital record data provider (local county health agency, funeral home/director, hospital/licensed birthing center, county official, medical certifier, etc.) and would like to request a personalized training session or gain access to MoEVR, please **call 573-751-6387, option 4.**

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER

124 -

VS 300 MO 580-2211 (1-10)

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)				2. SEX		3. IF FEMALE, LAST NAME PRIOR TO FIRST MARRIAGE		4. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year)	
5. SOCIAL SECURITY NUMBER		6a. AGE - Last Birthday (Years)		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES		7. DATE OF BIRTH (Month, Day, Year)	
8. BIRTH-PLACE (City and State or Foreign Country)		9a. RESIDENCE (COUNTRY) (STATE, TERRITORY or PROVINCE)				9b. COUNTY		9c. CITY, TOWN, OR LOCATION	
9d. STREET AND NUMBER				9e. APARTMENT NO.		9f. ZIP CODE		9g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				12. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage.)			
13. FATHER'S NAME (First, Middle, Last, Suffix)				14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)					
15a. INFORMANT'S NAME (First, Middle, Last, Suffix)				15b. RELATIONSHIP TO DECEDENT		15c. MAILING ADDRESS (Street and Number, City, State, ZIP Code)			
16. PLACE OF DEATH (Check only one: see instructions.)									
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)									
17. FACILITY NAME (If not institution, give street and number)				18. CITY OR TOWN, STATE AND ZIP CODE				19. COUNTY OF DEATH	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)				20b. DATE OF DISPOSITION (Month, Day, Year)		21. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		22. LOCATION (City or Town, State)	
23. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY				24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON ACTING AS SUCH				25. FUNERAL ESTABLISHMENT LICENSE NUMBER	
26. ACTUAL OR PRESUMED TIME OF DEATH M				27. WAS MEDICAL EXAMINER/CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No					
CAUSE OF DEATH (See instructions and examples in handbook) 28. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.									
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of): b. _____ c. _____ Due to (or as a consequence of): d. _____ SEQUENTIALLY list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST .									
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.									
29. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No				30. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown				32. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year				33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
34. DATE OF INJURY (Month, Day, Year) (Spell Month)				35. TIME OF INJURY M				36. PLACE OF INJURY (e.g., decedent's home, construction site, restaurant, wooded area)	
37a. LOCATION OF INJURY - STATE		37b. COUNTY		37c. CITY OR TOWN		37d. STREET AND NUMBER		37e. ZIP CODE	
38. DESCRIBE HOW INJURY OCCURRED				39. IF TRANSPORTATION ACCIDENT (SPECIFY) <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
40. CERTIFIER (CHECK ONLY ONE) <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.									
41. SIGNATURE				42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 28)					
43. CERTIFIER MO LICENSE NUMBER				44. CERTIFIER NPI NUMBER				45. DATE CERTIFIED (Month, Day, Year)	
46. REGISTRAR'S SIGNATURE				47. FOR REGISTRAR ONLY - DATE FILED (Month, Day, Year)					
48. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)				49. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____				50. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Korean <input type="checkbox"/> Unknown <input type="checkbox"/> Vietnamese	
51. DECEDENT'S USUAL OCCUPATION (INDICATE TYPE OF WORK DONE DURING MOST OF WORKING LIFE. DO NOT USE "RETIRED")				52. KIND OF BUSINESS/INDUSTRY					

Boxes Completed by Medical Certifier

COPY

STATEMENT BY LICENSED EMBALMER

☐ EMBALMED ☐ NOT EMBALMED

I hereby certify that the deceased named above was embalmed by me, _____ (Name and Licensee Number)

or by student _____ (Name and Licensee Number) on _____ (Date) working under my personal supervision.

City or Town _____ State _____

Date Certified (Month, Day, Year) _____

NOTE: Failure to comply with embalming requirements constitutes grounds for revocation of license.

Death Certificate Electronic System

193.145. Death certificate – electronic system – contents, filing, locale, duties of certain persons, time allowed – certificate marked presumptive, when. –

1. A certificate of death for each death which occurs in this state shall be filed with the local registrar, or as otherwise directed by the state registrar, within five days after death and shall be registered if such certificate has been completed and filed pursuant to this section. All data providers in the death registration process, including, but not limited to, the state registrar, local registrars, the state medical examiner, county medical examiners, coroners, funeral directors or persons acting as such, embalmers, sheriffs, attending physicians and resident physicians, physician assistants, assistant physicians, advanced practice registered nurses, and the chief medical officers of licensed health care facilities, and other public or private institutions providing medical care, treatment, or confinement to persons, shall be required to use and utilize any electronic death registration system required and adopted under subsection 1 of section [193.265](#) within six months of the system being certified by the director of the department of health and senior services, or the director's designee, to be operational and available to all data providers in the death registration process. However, should the person or entity that certifies the cause of death not be part of, or does not use, the electronic death registration system, the funeral director or person acting as such may enter the required personal data into the electronic death registration system and then complete the filing by presenting the signed cause of death certification to the local registrar, in which case the local registrar shall issue death certificates as set out in subsection 2 of section [193.265](#). Nothing in this section shall prevent the state registrar from adopting pilot programs or voluntary electronic death registration programs until such time as the system can be certified; however, no such pilot or voluntary electronic death registration program shall prevent the filing of a death certificate with the local registrar or the ability to obtain certified copies of death certificates under subsection 2 of section [193.265](#) until six months after such certification that the system is operational.

2. If the place of death is unknown but the dead body is found in this state, the certificate of death shall be completed and filed pursuant to the provisions of this section. The place where the body is found shall be shown as the place of death. The date of death shall be the date on which the remains were found.

3. When death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in this state, the death shall be registered in this state and the place where the body is first removed shall be considered the place of death. When a death occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the body is first removed from the conveyance in this state, the death shall be registered in this state but the certificate shall show the actual place of death if such place may be determined.

4. The funeral director or person in charge of final disposition of the dead body shall file the certificate of death. The funeral director or person in charge of the final disposition of the dead body shall obtain or verify and enter into the electronic death registration system:

- (1) The personal data from the next of kin or the best qualified person or source available;
- (2) The medical certification from the person responsible for such certification if designated to do so under subsection 5 of this section; and

(3) Any other information or data that may be required to be placed on a death certificate or entered into the electronic death certificate system including, but not limited to, the name and license number of the embalmer.

5. The medical certification shall be completed, attested to its accuracy either by signature or an electronic process approved by the department, and returned to the funeral director or person in charge of final disposition within seventy-two hours after death by the physician, physician assistant, assistant physician, advanced practice registered nurse in charge of the patient's care for the illness or condition which resulted in death. In the absence of the physician, physician assistant, assistant physician, advanced practice registered nurse or with the physician's, physician assistant's, assistant physician's, or advanced practice registered nurse's approval the certificate may be completed and attested to its accuracy either by signature or an approved electronic process by the physician's associate physician, the chief medical officer of the institution in which death occurred, or the physician who performed an autopsy upon the decedent, provided such individual has access to the medical history of the case, views the deceased at or after death and death is due to natural causes. The person authorized to complete the medical certification may, in writing, designate any other person to enter the medical certification information into the electronic death registration system if the person authorized to complete the medical certificate has physically or by electronic process signed a statement stating the cause of death. Any persons completing the medical certification or entering data into the electronic death registration system shall be immune from civil liability for such certification completion, data entry, or determination of the cause of death, absent gross negligence or willful misconduct. The state registrar may approve alternate methods of obtaining and processing the medical certification and filing the death certificate. The Social Security number of any individual who has died shall be placed in the records relating to the death and recorded on the death certificate.

6. When death occurs from natural causes more than thirty-six hours after the decedent was last treated by a physician, physician assistant, assistant physician, advanced practice registered nurse, the case shall be referred to the county medical examiner or coroner or physician or local registrar for investigation to determine and certify the cause of death. If the death is determined to be of a natural cause, the medical examiner or coroner or local registrar shall refer the certificate of death to the attending physician, physician assistant, assistant physician, advanced practice registered nurse for such certification. If the attending physician, physician assistant, assistant physician, advanced practice registered nurse refuses or is otherwise unavailable, the medical examiner or coroner or local registrar shall attest to the accuracy of the certificate of death either by signature or an approved electronic process within thirty-six hours.

7. If the circumstances suggest that the death was caused by other than natural causes, the medical examiner or coroner shall determine the cause of death and shall complete and attest to the accuracy either by signature or an approved electronic process the medical certification within seventy-two hours after taking charge of the case.

8. If the cause of death cannot be determined within seventy-two hours after death, the attending medical examiner, coroner, attending physician, physician assistant, assistant physician, advanced practice registered nurse, or local registrar shall give the funeral director, or person in charge of final disposition of the dead body, notice of the reason for the delay, and final disposition of the body shall not be made until authorized by the medical examiner,

coroner, attending physician, physician assistant, assistant physician, advanced practice registered nurse, or local registrar.

9. When a death is presumed to have occurred within this state but the body cannot be located, a death certificate may be prepared by the state registrar upon receipt of an order of a court of competent jurisdiction which shall include the finding of facts required to complete the death certificate. Such a death certificate shall be marked "Presumptive", show on its face the date of registration, and identify the court and the date of decree.

10. (1) The department of health and senior services shall notify all physicians, physician assistants, assistant physicians, and advanced practice registered nurses licensed under [chapters 334](#) and [335](#) of the requirements regarding the use of the electronic vital records system provided for in this section.

(2) On or before August 30, 2015, the department of health and senior services, division of community and public health shall create a working group comprised of representation from the Missouri electronic vital records system users and recipients of death certificates used for professional purposes to evaluate the Missouri electronic vital records system, develop recommendations to improve the efficiency and usability of the system, and to report such findings and recommendations to the general assembly no later than January 1, 2016.

11. Notwithstanding any provision of law to the contrary, if a coroner or deputy coroner is not current with or is without the approved training under [chapter 58](#), the department of health and senior services shall prohibit such coroner from attesting to the accuracy of a certificate of death. No person elected or appointed to the office of coroner can assume such elected office until the training, as established by the coroner standards and training commission under the provisions of section [58.035](#), has been completed and a certificate of completion has been issued. In the event a coroner cannot fulfill his or her duties or is no longer qualified to attest to the accuracy of a death certificate, the sheriff of the county shall appoint a medical professional to attest death certificates until such time as the coroner can resume his or her duties or another coroner is appointed or elected to the office.

(L. 1984 S.B. 574, A.L. 1989 S.B. 389, A.L. 1997 S.B. 361, A.L. 2005 S.B. 74 & 49, A.L. 2010 H.B. 1692, et al. merged with S.B. 754, A.L. 2013 S.B. 186, A.L. 2015 H.B. 618, A.L. 2020 H.B. 2046)

Delayed Filing

193.155. Delayed filing, registration. –

1. When a death occurring in this state has not been registered within the time period described by section 193.145, a certificate of death may be filed in accordance with department rules. Such certificate shall be registered subject to such evidentiary requirements as the department shall prescribe to substantiate the alleged facts of death.

2. Certificates of death registered one year or more after the date of death shall be marked "Delayed" and shall show on their face the date of the delayed registration.

(L. 1984 S.B. 574) Effective – 28 August 1984

Death to be Reported and Investigated by Coroner

58.451. Death to be reported and investigated by coroner, certain counties, procedure — place of death, two counties involved, how determined — efforts to accommodate organ

donation. — 1. When any person, in any county in which a coroner is required by section 58.010, dies and there is reasonable ground to believe that such person died as a result of:

(1) Violence by homicide, suicide, or accident;

(2) Criminal abortions, including those self-induced;

(3) Some unforeseen sudden occurrence and the deceased had not been attended by a physician during the thirty-six-hour period preceding the death;

(4) In any unusual or suspicious manner;

(5) Any injury or illness while in the custody of the law or while an inmate in a public institution;

the police, sheriff, law enforcement officer or official, or any person having knowledge of such a death shall immediately notify the coroner of the known facts concerning the time, place, manner and circumstances of the death. Immediately upon receipt of notification, the coroner or deputy coroner shall take charge of the dead body and fully investigate the essential facts concerning the medical causes of death, including whether by the act of man, and the manner of death. The coroner or deputy coroner may take the names and addresses of witnesses to the death and shall file this information in the coroner's office. The coroner or deputy coroner shall take possession of all property of value found on the body, making exact inventory of such property on the report and shall direct the return of such property to the person entitled to its custody or possession. The coroner or deputy coroner shall take possession of any object or article which, in the coroner's or the deputy coroner's opinion, may be useful in establishing the cause of death, and deliver it to the prosecuting attorney of the county.

View full [statute](#) for additional guidance.

Child's Death Reported to Coroner

58.452. Child's death under age eighteen, notice to coroner by persons having knowledge – referral to child fatality review panel, when – procedure for nonsuspicious death, form, duties – autopsy, child death pathologist, when – disagreement on need for autopsy, procedure – violation by coroner, penalty. –

1. When any person, in any county in which a coroner is required by section 58.010, dies and there is reasonable grounds to believe that such person was less than eighteen years of age, who is eligible to receive a certificate of live birth, the police, sheriff, law enforcement office or official, health practitioner or hospital or any person having knowledge of such a death shall immediately notify the coroner of the known facts concerning the time, place, manner and circumstances of the death. The coroner shall notify the division of the child's death pursuant to section 210.115. The coroner shall immediately evaluate the necessity for child fatality review and shall immediately notify the chairman of the child fatality review pane. The child fatality review panel shall be activated within twenty-four hours of such notice to review any

death which includes one or more of the suspicious circumstances described in the protocol developed by the department of social services, state technical assistance team pursuant to section 210.194.

2. If the coroner determines that the death of the person under age eighteen years, who is eligible to receive a certificate of live birth, does not include any suspicious circumstances listed in the protocol, the coroner shall complete a nonsuspicious child death form provided by the department of social services, state technical assistance team and have the form cosigned by the chairman of the child fatality review panel and forward the original to the department of social services, state technical assistance team within forty-eight hours of receiving notice of the child's death.

3. When a child under the age of eighteen years, who is eligible to receive a certificate of live birth dies, the coroner shall notify a certified child death pathologist to determine the need for an autopsy. The certified child death pathologist, in conjunction with the coroner, shall determine the need for an autopsy. If there is a disagreement concerning the need for the autopsy, the certified child death pathologist shall make the determination unless the child fatality review panel, within twelve hours, decides against the certified child death pathologist.

4. When there is a disagreement regarding the necessity for an autopsy, the certified child death pathologist shall file a report with the chairman of the child fatality review panel indicating the basis for the disagreement. The pathologist's report on the disagreement shall be included in the report to the department of social services, state technical assistance team. If an autopsy is determined necessary, the autopsy shall be performed by a certified child death pathologist within twenty-four hours of receipt of the body by the pathologist or within twenty-four hours of the agreement by the pathologist to perform the autopsy, whichever occurs later.

5. Knowing failure by a coroner to refer a suspicious death of a child under the age of eighteen years, who is eligible to receive a certificate of live birth, to a child fatality review panel or to a certified child death pathologist is a class A misdemeanor.

(L. 1991 H.B. 185, A.L. 1994 S.B. 595) Effective – 28 Aug 1994

Medical Examiner Investigates

58.720. Medical examiner, certain counties, to investigate, when –death certificate issued, when – place of death – two counties involved, how determined – efforts to accommodate organ donation. –

1. When any person dies within a county having a medical examiner as a result of:

- (1) Violence by homicide, suicide, or accident;
- (2) Thermal, chemical, electrical, or radiation injury;
- (3) Criminal abortions, including those self-induced;
- (4) Disease thought to be of a hazardous and contagious nature or which might constitute a threat to public health; or when any person dies:
 - (a) Suddenly when in apparent good health;

(b) When unattended by a physician, chiropractor, or an accredited Christian Science practitioner, during the period of thirty-six hours immediately preceding his death;

(c) While in the custody of the law, or while an inmate in a public institution;

(d) In any unusual or suspicious manner;

the police, sheriff, law enforcement official or official, or any person having knowledge of such a death shall immediately notify the office of the medical examiner of the known facts concerning the time, place, manner and circumstances of the death. Immediately upon receipt of notification, the medical examiner or his designated assistant shall take charge of the dead body and fully investigate the essential facts concerning the medical causes of death. He may take the names and addresses of witnesses to the death and shall file this information in his office. The medical examiner or his designated assistant shall take possession of all property of value found on the body, making exact inventory thereof on his report and shall direct the return of such property to the person entitled to its custody or possession. The medical examiner or his designated assistant shall take possession of any object or article which, in his opinion, may be useful in establishing the cause of death, and deliver it to the prosecuting attorney of the county.

2. When a death occurs outside a licensed health care facility, the first licensed medical professional or law enforcement official learning of such death shall contact the county medical examiner. Immediately upon receipt of such notification, the medical examiner or the medical examiner's deputy shall make a determination if further investigation is necessary, based on information provided by the individual contacting the medical examiner, and immediately advise such individual of the medical examiner's intentions.

3. Notwithstanding the provisions of subsection 2 of this section to the contrary, when a death occurs under the care of a hospice, no investigation shall be required if the death is certified by the treating physician of the deceased or the medical director of the hospice as a natural death due to disease or diagnosed illness. The hospice shall provide written notice to the medical examiner within twenty-four hours of the death.

4. In any case of sudden, violent or suspicious death after which the body was buried without any investigation or autopsy, the medical examiner, upon being advised of such facts, may at his own discretion request that the prosecuting attorney apply for a court order requiring the body to be exhumed.

5. The medical examiner shall certify the cause of death in any case where death occurred without medical attendance or where an attending physician refuses to sign a certificate of death, and may sign a certificate of death in the case of any death.

6. When the cause of death is established by the medical examiner, he shall file a copy of his findings in his office within thirty days after notification of the death.

7. (1) When a person is being transferred from one county to another county for medical treatment and such person dies while being transferred, or dies while being treated in the emergency room of the receiving facility, the place which the person is determined to be dead shall be considered the place of death and the county coroner or the medical examiner of the county from which the person was originally being transferred shall be responsible for determining the cause and manner of death for the Missouri certificate of death.

- (2) The coroner or medical examiner in the county in which the person is determined to be dead may, with authorization of the coroner or medical examiner from the transferring county, investigate and conduct postmortem examinations at the expense of the coroner or medical examiner from the transferring county. The coroner or medical examiner from the transferring county shall be responsible for investigating the circumstances of such and completing the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.
- (3) Such coroner or medical examiner, or the county where a person is determined to be dead, shall immediately notify the coroner or medical examiner of the county from which the person was originally being transferred of the death of such person and shall make available information and records obtained for investigation of death.
- (4) If a person does not die while being transferred and is institutionalized as a regularly admitted patient after such transfer and subsequently dies while in such institution, the coroner or medical examiner of the county in which the person is determined to be dead shall immediately notify the coroner or medical examiner of the county from which such person was originally transferred of the death of such person. In such cases, the county in which the deceased was institutionalized shall be considered the place of death. If the manner of death is by homicide, suicide, accident, criminal abortion including those that are self-induced, child fatality, or any unusual or suspicious manner, the investigation of the cause and manner of death shall revert to the county of origin, and this coroner or medical examiner shall be responsible for the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.
8. There shall not be any statute of limitations or time limits on cause of death when death is the final result or determined to be caused by homicide, suicide, accident, criminal abortion including those self-induced, child fatality, or any unusual or suspicious manner. The place of death shall be the place in which the person is determined to be dead, but the final investigation of death determining the cause and manner of death shall revert to the county of origin, and this coroner or medical examiner shall be responsible for the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.
9. Except as provided in subsection 6 of this section, if a person dies in one county and the body is subsequently transferred to another county, for burial or other reasons, the county coroner or medical examiner where the death occurred shall be responsible for the certificate of death and for investigating the cause and manner of death.
10. In performing the duties, the coroner or medical examiner shall comply with sections 58.775 to 58.785 with respect to organ donation.
- (L. 1973 S.B. 122 §§ 7, 8, A.L. 1989 S.B. 389, A.L. 1990 H.B. 1416, A.L. 1996 H.B. 811, A.L. 2008 S.B. 1139, A.L. 2020 H.B. 2046)

Child's Death Reported to Medical Examiner

58.722. Child's death under age eighteen, notice to medical examiner by persons having knowledge – referral to child fatality review panel, when – procedure for nonsuspicious death, form, duties – autopsy, child death pathologist, when – disagreement on need for autopsy, procedure – violation by medical examiner, penalty. –

1. When any person dies within a county having a medical examiner and there are reasonable grounds to believe that such person was less than eighteen years of age, who was eligible to receive a certificate of live birth, the police, sheriff, law enforcement officer or official, or any person having knowledge of such a death shall immediately notify the medical examiner of the known facts concerning the time, place, manner and circumstances of the death. The medical examiner shall notify the division of the child's death pursuant to section [210.115](#). The medical examiner shall immediately evaluate the necessity for child fatality review and shall immediately notify the chairman of the child fatality review panel. The child fatality review panel shall be activated within twenty-four hours of such notice to review any death which includes one or more of the suspicious circumstances described in the protocol developed by the department of social services, state technical assistance team pursuant to section [210.194](#).
 2. If the medical examiner determines that the death of the person under age eighteen years, who is eligible to receive a certificate of live birth, does not include any suspicious circumstances listed in the protocol, the medical examiner shall complete a nonsuspicious child death form provided by the department of social services, state technical assistance team, have the form cosigned by the chairman of the child fatality review panel and forward the original to the department of social services, state technical assistance team within forty-eight hours of receiving notice of the child's death.
 3. When a child under the age of eighteen years, who is eligible to receive a certificate of live birth, dies, the medical examiner shall notify a certified child death pathologist to determine the need for an autopsy. The certified child death pathologist, in conjunction with the medical examiner, shall determine the need for an autopsy. If there is disagreement concerning the need for the autopsy, the certified child death pathologist shall make the determination unless the child fatality review panel, within twelve hours, decides against the certified child death pathologist.
 4. When there is a disagreement regarding the necessity for an autopsy, the certified child death pathologist shall file a report with the chairman of the child fatality review panel indicating the basis for the disagreement. The pathologist's report on the disagreement shall be included in the report to the department of social services, state technical assistance team. If an autopsy is determined necessary, the autopsy shall be performed by a certified child death pathologist within twenty-four hours of receipt of the body by the pathologist or within twenty-four hours of the agreement by the pathologist to perform the autopsy, whichever occurs later.
 5. Knowing failure by a medical examiner to refer a suspicious death of a child under the age of eighteen years, who is eligible to receive a certificate of live birth, to a child fatality review panel or to a certified child death pathologist is a class A misdemeanor.
- (L. 1991 H.B. 185, A.L. 1994 S.B. 595) Effective – 28 August 1994

Fetal Death Reports

193.165. Spontaneous fetal death report – release of reports – application for certificate of birth resulting in stillbirth, procedure. –

1. Each spontaneous fetal death of twenty completed weeks gestation or more, calculated from the date the last normal menstrual period began to the date of delivery, or a weight of

three hundred fifty grams or more, which occurs in this state shall be reported within seven days after delivery to the local registrar or as otherwise directed by the state registrar.

2. When a dead fetus is delivered in an institution, the person in charge of the institution or his or her designated representative shall prepare and file the report.

3. When a dead fetus is delivered outside an institution, the physician in attendance at or immediately after delivery shall prepare and file the report.

4. When a spontaneous fetal death required to be reported by this section occurs without medical attendance at or immediately after the delivery or when inquiry is required by the medical examiner or coroner, the medical examiner or coroner shall investigate the cause of spontaneous fetal death and shall prepare and file the report within seven days.

5. When a spontaneous fetal death occurs in a moving conveyance and the fetus is first removed from the conveyance in this state or when a dead fetus is found in this state and the place of the spontaneous fetal death is unknown, the spontaneous fetal death shall be reported in this state. The place where the fetus was first removed from the conveyance or the dead fetus was found shall be considered the place of the spontaneous fetal death.

6. Notwithstanding any provision of the law to the contrary, individuals with direct and tangible interest, as defined by the department of health and senior services, may receive the spontaneous fetal death report.

7. In the event of a spontaneous fetal death, regardless of whether such death occurs before or after August 28, 2004, either parent, or if both parents are deceased, a sibling of the stillborn child, shall have the right to file an application with the state registrar and other custodians of vital records requesting a certificate of birth resulting in stillbirth. The certificate shall be based upon the information available from the spontaneous fetal death report filed pursuant to this section.

(L. 1984 S.B. 574, A.L. 1999 S.B. 25, A.L. 2004 H.B. 1136) Effective – 28 August 2004

Notification of Death & Cremation Requirements

193.175. Person in charge of final disposition of dead body to file notification of death – cremation, requirements – tag affixed with identifying information, requirements. –

1. The funeral director or person acting as such in charge of final disposition of a dead body shall file a completed notification of death with the local registrar where the death occurred. Such notification of death shall be on a form or in a format prescribed and furnished by the state registrar and shall be filed or postmarked prior to the date of final disposition of the body. Such notification of death shall authorize final disposition except as otherwise stated in this section or in section [193.145](#). If the body is to be cremated, a completed death certificate shall be filed with the local registrar prior to cremation and shall authorize cremation except as stated in section [193.145](#).

2. The funeral director or person in charge of final disposition of a dead body shall, prior to the interment of such dead body, affix on the ankle or wrist of the deceased and/or in a capsule placed in the casket or, if the dead body is cremated, on the inside of the vessel containing the

remains, a tag encased in durable and long-lasting material containing the name of the deceased, the date of birth, date of death and Social Security number of the deceased.

(L. 1984 S.B. 574, A.L. 1994 S.B. 553) Effective – 28 Aug 2004

Preserving Records/Certified Copies

193.225. Methods of preserving records, requirements – certified reproductions accepted as originals – death record originals transferred to state archives. – To preserve vital records, the state registrar is authorized to prepare typewritten, photographic, electronic, or other reproductions of vital statistics certificates or reports. Such reproducing material shall be of durable material and the device used to reproduce the records shall be as to accurately reproduce and perpetuate the original records in all details ensuring their proper retention and integrity in accordance with standards established by the state records commission. Such reproductions when certified by the state registrar shall be accepted as the original records. Death records over fifty years old from which permanent reproductions have been made and verified shall be transferred to the Missouri state archives.

(L. 19984 S.B. 574, A.L. 2004 H.B. 1634) Effective – 28 Aug 2004

Cannot Make Copies for Use by Others

193.245. Inspection and copying of records, disclosure of information, unlawful unless authorized – authority. – It shall be unlawful for any person to permit inspection of, or to disclose information contained in, vital records or to copy or issue a copy of all or part of any such record except as authorized by this law and by regulation or by order of a court of competent jurisdiction or in the following situations:

- (1) A listing of persons who are born or who die on a particular date may be disclosed upon request, but no information from the record other than the name and the date of such birth or death shall be disclosed;
- (2) The department may authorize the disclosure of information contained in vital records for legitimate research purposes;
- (3) To a qualified applicant as provided in section 193.255;
- (4) Copies of death records over fifty years old may be disclosed upon request.

(L. 1984 S.B. 574, A.L. 1992 H.B. 894, A.L. 2004 H.B. 1634) Effective – 28 Aug 2004

Fees for Certificates

193.265. Fees for certification and other services – distribution – services free, when. –

1. For the issuance of a certification or copy of a death record, the applicant shall pay a fee of fourteen dollars for the first certification or copy and a fee of eleven dollars for each additional

copy ordered at that time. For the issuance of a certification or copy of a birth, marriage, divorce, or fetal death record, the applicant shall pay a fee of fifteen dollars. No fee shall be required or collected for a certification of birth, death, or marriage if the request for certification is made by the children's division, the division of youth services, a guardian ad litem, or a juvenile officer on behalf of a child or person under twenty-one years of age who has come under the jurisdiction of the juvenile court under section [211.031](#). All fees collected under this subsection shall be deposited to the state department of revenue. Beginning August 28, 2004, for each vital records fee collected, the director of revenue shall credit four dollars to the general revenue fund, five dollars to the children's trust fund, one dollar shall be credited to the endowed care cemetery audit fund, one dollar for each certification or copy of death records to the Missouri state coroners' training fund established in section [58.208](#), and three dollars for the first copy of death records and five dollars for birth, marriage, divorce, and fetal death records shall be credited to the Missouri public health services fund* established in section [192.900](#). Money in the endowed care cemetery audit fund shall be available by appropriation to the division of professional registration to pay its expenses in administering sections [214.270 to 214.410](#). All interest earned on money deposited in the endowed care cemetery audit fund shall be credited to the endowed care cemetery fund. Notwithstanding the provisions of section [33.080](#) to the contrary, money placed in the endowed care cemetery audit fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds three times the amount of the appropriation from the endowed care cemetery audit fund for the preceding fiscal year. The money deposited in the public health services fund under this section shall be deposited in a separate account in the fund, and moneys in such account, upon appropriation, shall be used to automate and improve the state vital records system, and develop and maintain an electronic birth and death registration system. For any search of the files and records, when no record is found, the state shall be entitled to a fee equal to the amount for a certification of a vital record for a five-year search to be paid by the applicant. For the processing of each legitimation, adoption, court order or recording after the registrant's twelfth birthday, the state shall be entitled to a fee equal to the amount for a certification of a vital record. Except whenever a certified copy or copies of a vital record is required to perfect any claim of any person on relief, or any dependent of any person who was on relief for any claim upon the government of the state or United States, the state registrar shall, upon request, furnish a certified copy or so many certified copies as are necessary, without any fee or compensation therefor.

2. For the issuance of a certification of a death record by the local registrar, the applicant shall pay a fee of fourteen dollars for the first certification or copy and a fee of eleven dollars for each additional copy ordered at that time. For each fee collected under this subsection, one dollar shall be deposited to the state department of revenue and the remainder shall be deposited to the official city or county health agency. The director of revenue shall credit all fees deposited to the state department of revenue under this subsection to the Missouri state coroners' training fund established in section [58.208](#).

3. For the issuance of a certification or copy of a birth, marriage, divorce, or fetal death record, the applicant shall pay a fee of fifteen dollars; except that, in any county with a charter form of government and with more than six hundred thousand but fewer than seven hundred thousand

inhabitants, a donation of one dollar may be collected by the local registrar over and above any fees required by law when a certification or copy of any marriage license or birth certificate is provided, with such donations collected to be forwarded monthly by the local registrar to the county treasurer of such county and the donations so forwarded to be deposited by the county treasurer into the housing resource commission fund to assist homeless families and provide financial assistance to organizations addressing homelessness in such county. The local registrar shall include a check-off box on the application form for such copies. All fees collected under this subsection, other than the donations collected in any county with a charter form of government and with more than six hundred thousand but fewer than seven hundred thousand inhabitants for marriage licenses and birth certificates, shall be deposited to the official city or county health agency.

4. A certified copy of a death record by the local registrar can only be issued within twenty-four hours of receipt of the record by the local registrar. Computer-generated certifications of death records may be issued by the local registrar after twenty-four hours of receipt of the records. The fees paid to the official county health agency shall be retained by the local agency for local public health purposes.

5. No fee under this section shall be required or collected from a parent or guardian of a homeless child or homeless youth, as defined in subsection 1 of section [167.020](#), or an unaccompanied youth, as defined in 42 U.S.C. Section 11434a(6), for the issuance of a certification, or copy of such certification, of birth of such child or youth. An unaccompanied youth shall be eligible to receive a certification or copy of his or her own birth record without the consent or signature of his or her parent or guardian; provided, that only one certificate under this provision shall be provided without cost to the unaccompanied or homeless youth. For the issuance of any additional certificates, the statutory fee shall be paid.

(L. 1984 S.B. 574, A.L. 1985 S.B. 263, A.L. 1990 H.B. 1079, A.L. 1992 H.B. 894, A.L. 1999 H.B. 343, A.L. 2004 H.B. 795, et al., A.L. 2010 H.B. 1643 merged with H.B. 1692, et al. merged with S.B. 754, A.L. 2018 S.B. 819, A.L. 2020 H.B. 1414 merged with H.B. 2046)

Mother's Right to Determine

194.378. Final disposition of fetal remains, mother has right to determine. – In every instance of fetal death, the mother has the right to determine the final disposition of the remains of the fetus, regardless of the duration of the pregnancy. The mother may choose any means of final disposition authorized by law or by the director of the department of health and senior services.

(L. 2004 H.B. 1136) Effective – 28 Aug 2004

Protected Mother's Rights

194.384. Written standards required for protection of mother's right to determine final disposition. – Every hospital, outpatient birthing clinic, and any other health care facility licensed to operate in this state shall adopt written standards for the final disposition of the

remains of a human fetus as provided in sections [194.375 to 194.390](#) for protection of a mother's right pursuant to section [194.378](#) and for notice as required in section [194.387](#).

(L. 2004 H.B. 1136) Effective – 28 Aug 2004

Miscarriage and Mother's Rights

194.387. Miscarriage – mother's right to determine final disposition of remains – counseling made available, when. –

1. Within twenty-four hours after a miscarriage occurs spontaneously or accidentally at a hospital, outpatient birthing clinic, or any other health care facility, the facility shall disclose to the mother of the miscarried fetus, both orally and in writing, the mother's right to determine the final disposition of the remains of the fetus. The facility's disclosure shall include giving the mother a copy of the facility's written standards adopted pursuant to section [194.384](#).

2. The facility shall make counseling concerning the death of the fetus available to the mother. The facility may provide the counseling or refer the mother to another provider of appropriate counseling services.

(L. 2004 H.B. 1136) Effective – 28 Aug 2004

Transfer of Body

198.071. Death of a resident, persons to contact prior to transfer of deceased. — The staff of a residential care facility, an assisted living facility, an intermediate care facility, or a skilled nursing facility shall attempt to contact the resident's immediate family or a resident's responsible party, and shall contact the attending physician and notify the local coroner or medical examiner immediately upon the death of any resident of the facility prior to transferring the deceased resident to a funeral home.

(L. 2003 S.B. 556 & 311) Effective – 28 Aug 2003

Cause of Death Instructions – Completing a Certificate of Death

Accurate cause of death information is important:

- to the public health community in evaluating and improving the health of all citizens, and
- often to the family, now and in the future, and to the person settling the decedent's estate.

The cause-of-death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the immediate cause of death (the final disease, injury, or complication directly causing death) on line a and the underlying cause of death (the disease or injury that initiated the chain of events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in Part I. The cause-of-death information should be YOUR best medical OPINION. A condition can be listed as "probable" even if it has not been definitively diagnose

Part I (Chain of events leading directly to death)

- Only one cause should be entered on each line. Line (a) MUST ALWAYS have an entry. DO NOT leave blank. Additional lines may be added if necessary.
- If the condition on Line (a) resulted from an underlying condition, put the underlying condition on Line (b), and so on, until the full sequence is reported. ALWAYS enter the underlying cause of death on the lowest used line in Part I.
- For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. DO NOT leave blank.
- The terminal event (for example, cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (for example, cardiac arrest due to coronary artery atherosclerosis or cardiac arrest due to blunt impact to chest).
- If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (for example, renal failure due to Type I diabetes mellitus).
- When indicating neoplasms as a cause of death, include the following: 1) primary site or that the primary site is unknown, 2) benign or malignant, 3) cell type or that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (For example, a primary well-differentiated squamous cell carcinoma, lung, left upper lobe.)

- Always report the fatal injury (for example, stab wound of chest), the trauma (for example, transection of subclavian vein), and impairment of function (for example, air embolism).

PART II (Other significant conditions)

- Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the underlying cause of death. Z
- If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

MANNER OF DEATH

- Always check Manner of Death, which is important: 1) in determining accurate causes of death; 2) in processing insurance claims; and 3) in statistical studies of injuries and death.
- Indicate “Pending investigation” if the manner of death cannot be determined whether due to an accident, suicide, or homicide within the statutory time limit for filing the death certificate. This should be changed later to one of the other term.

ACCIDENT OR INJURY – to be filled out in all cases of deaths due to injury or poisoning.

- Remember, the date of injury may differ from the date of death. Estimates may be provided with “Approx.” placed before the date.
- Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. DO NOT enter firm or organization names. (For example, enter “factory”, not “Standard Manufacturing, Inc.”)
- Complete if anything other than natural disease is mentioned in Part I or Part II of the medical certification, including homicides, suicides, and accidents. This includes all motor vehicle deaths.
- Injury at work must be completed for decedents ages 14 years or over and may be completed for those less than 14 years of age if warranted. Enter “Yes” if the injury occurred at work. Otherwise enter “No”. An injury may occur at work regardless of whether the injury occurred in the course of the decedent’s “usual” occupation. Examples of injury at work and injury not at work follow:

Injury at work

- Injury while working or in vocational training on job premises
- Injury while on break or at lunch or in parking lot on job premises

- Injury while working for pay or compensation, including at home
- Injury while working as a volunteer law enforcement official etc.
- Injury while traveling on business, including to/from business contacts

Injury not at work

- Injury while engaged in personal recreational activity on job premise
 - Injury while a visitor (not on official work business) to job premises
 - Homemaker working at homemaking activities
 - Student in school
 - Working for self for no profit (mowing yard, repairing own roof, hobby)
 - Commuting to or from work
- Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. Specify type of gun or type of vehicle (e.g., car, bulldozer, train, etc.) when relevant to circumstances. Indicate if more than one vehicle involved; specify type of vehicle decedent was in.
 - Specify role of decedent (e.g. driver, passenger). Driver/operator and passenger should be designated for modes other than motor vehicles such as bicycles. Other applies to watercraft, aircraft, animal, or people attached to outside of vehicles (e.g. surfers).

National Examples of Properly Completed Medical Certifications

CAUSE OF DEATH (See instructions and examples)		Approximate interval: Onset to death
<p>32. PART I. Enter the <u>chain of events</u>—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition -----> resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the</p> <p>UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>		
a. <u>Rupture of myocardium</u>	Due to (or as a consequence of):	<u>Minutes</u>
b. <u>Acute myocardial infarction</u>	Due to (or as a consequence of):	<u>6 days</u>
c. <u>Coronary artery thrombosis</u>	Due to (or as a consequence of):	<u>5 years</u>
d. <u>Atherosclerotic coronary artery disease</u>	Due to (or as a consequence of):	<u>7 years</u>
<p>PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I</p> <p>Diabetes, Chronic obstructive pulmonary disease, smoking</p>		<p>33. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

CAUSE OF DEATH (See instructions and examples)		Approximate interval: Onset to death
<p>32. PART I. Enter the <u>chain of events</u>—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition -----> resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the</p> <p>UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>		
a. <u>Acute respiratory acidosis</u>	Due to (or as a consequence of):	<u>3 days</u>
b. <u>COVID-19</u>	Due to (or as a consequence of):	<u>1 week</u>
c. _____	Due to (or as a consequence of):	_____
d. _____	Due to (or as a consequence of):	_____
<p>PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I</p> <p>Chronic obstructive pulmonary disease, hypertension</p>		<p>33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Common Problems in Death Certification

An **elderly decedent** should have a clear and distinct etiological sequence for cause of death, if possible. Terms such as senescence, infirmity, old age, and advanced age have little value for public health or medical research. Age is recorded elsewhere on the certificate. When a number of conditions resulted in death, the physician should choose the single sequence that, in his or her opinion, best describes the process leading to death, and place any other pertinent conditions in Part II. If after careful consideration the physician cannot determine a sequence that ends in death, then the medical examiner or coroner should be consulted about conducting an investigation or providing assistance in completing the cause of death.

An **infant decedent** should have a clear and distinct etiological sequence for cause of death, if possible. "Prematurity" should not be entered without explaining the etiology of prematurity. Maternal conditions may have initiated or affected the sequence that resulted in infant death, and such maternal causes should be reported in addition to the infant causes on the infant's death certificate (e.g., Hyaline membrane disease due to prematurity, 28 weeks due to placental abruption due to blunt trauma to mother's abdomen).

When **Sudden Infant Death Syndrome (SIDS)** is suspected, a complete investigation should be conducted, typically by a medical examiner or coroner. If the infant is under 1 year of age, no cause of death is determined after scene investigation, clinical history is reviewed, and a complete autopsy is performed, then the death can be reported as Sudden Infant Death Syndrome.

Causes of Death Reported to Medical Examiner/Coroner

Any death suspected of being caused by injury must be reported to the coroner, even if the injury occurred days, weeks, months, or years before the death. Even if an injury only contributes to an otherwise natural death, the death should still be reported. Reportable injuries include:

1. Falls
2. Blunt force or crushing injuries
3. Sharp force (cutting, stabbing, or chopping) injuries
4. Injuries from firearms (handguns, rifles, shotguns, or other)
5. Explosion
6. Electrocutions and lightning strikes
7. Asphyxia (suffocation, strangulation, hanging, exclusion of oxygen, poisoning by gases [carbon monoxide, poisoning by cyanide, or other])
8. Vehicular accidents (automobile, bus, railroad, motorcycle, bicycle, boat, aircraft, or other craft) including deaths of drivers, passengers, pedestrians, or non-occupants involved in the accidents
9. Drowning
10. Weather-related injuries (lightning, heat or cold exposure, tornado, or other)
11. Drug use, prescription or illicit
12. Poisoning or chemical ingestions
13. Burns (chemical, thermal, radiation, electrical, etc.)
14. Criminal abortions, including those self-induced (these include maternal or fetal deaths that may be caused from illegal interference with the pregnancy or from criminal activity)
15. Disease thought to be of a hazardous and contagious nature or which might constitute a threat to public health. (These include deaths caused by acute rapidly fatal illnesses, such as fulminant meningitis. Any death caused by highly infectious agents capable of causing an epidemic should be reported.) **Note:** Deaths due to Acquired Immunodeficiency Syndrome (AIDS) are usually not reportable.
16. Deaths that occur during employment or that are related to employment or deaths that occur in public places, such as buildings, streets, parks, or other similar areas must be reported.
17. When any person dies suddenly:
 - a. When in apparent good health. These deaths include:
 - i. Sudden and unexpected deaths
 - ii. Deaths for which the attending physicians cannot supply adequate or reasonable explanations
 - iii. Person found dead without obvious causes of death

- b. When unattended by a physician, chiropractor, or an accredited Christian Science Practitioner, during the thirty-six hours that immediately precedes the death. **Note: Missouri Vital Records rules and statutes do not include a twenty-four hour time period in relation to reporting deaths due to trauma, unusual, sudden, or suspicious manner.** A death occurring less than twenty-hour hours after hospital admission is not necessarily reportable, such as hospice or terminally ill cases.
- c. While in the custody of the law, or while an inmate in a public institution.
 - i. All deaths occurring in correctional institutions, reformatories, or other incarceration or detention areas are reportable.
 - ii. Deaths of persons under police custody or police hold, regardless of the probable cause and manner are also reportable.
- d. Deaths occurring in any unusual or suspicious manner. The following are also reportable:
 - i. Deaths while under anesthesia, during the post-anesthetic period, or during induction of anesthesia, regardless of the interval between the original incident and the death.
 - ii. Deaths during or following diagnostic or therapeutic procedures, if the deaths might be related to the procedures or the complications resulting from the procedures.
 - iii. Deaths occurring under unknown circumstances, when there are no witnesses, or where there is little or no information concerning previous medical histories.
 - iv. Deaths in which the treating physicians are unavailable or are unwilling to certify the cause of death.
 - v. Whenever anatomic material suspected of being a part of a human body is found, such as bones, human organs, fetal parts, placentas, etc.

B. Who reports the death?

“The police, sheriff, law enforcement officer or official, or any person having knowledge of such a death shall immediately notify the office of the coroner of the known facts concerning the time, place, manner, and circumstances of the death. Immediately upon receipt of notification, the coroner or his designated assistant shall take charge of the dead body and fully investigate the essential facts concerning the medical cause of death.”

C. What about child deaths?

“When any person dies within a county and there are reasonable grounds to believe that such person was less than eighteen years of age, who was eligible to receive a certificate of live birth, the police, sheriff, law enforcement office or official or any person having knowledge of such death shall immediately notify the coroner of known facts concerning the time, place, manner and circumstances of the death. Under Missouri law, all child deaths, involving individuals below the age of eighteen years, must be reported.”

D. Who signs the death certificate?

The coroner or his deputy signs the death certificates in all cases where he/she has assumed jurisdiction. A private physician should sign the death certificate of his patient only if the patient has been under the care of this physician and the patient has died of natural causes. After receiving notification of a death and performing an initial investigation, the coroner or his deputy may elect to decline jurisdiction of the death if manner of death is determined to be natural. In that situation, the private physician may sign the death certificate.

III Defined/Insufficient Terms for Cause of Death

Although records may be registered with the following terms as cause of death, they are in themselves insufficient and considered ill-defined unless etiology is also listed. **Additional information about the etiology should also be reported.**

If **etiology is unable to be determined**, state below the term on the certificate: unknown, undetermined, probable, presumed, or unspecified etiology so it is clear that a distinct etiology was not inadvertently or carelessly omitted.

The Bureau of Vital Records will attempt to collect additional information for ill-defined causes of death. Once a record is registered, this information can only be added or changed by the medical certifier through the Correction Affidavit process.

Abscess	Brain injury	Convulsions
Abdominal hemorrhage	Brain stem herniation	Decubiti
Adhesions	Carcinogenesis	Dehydration
Adult respiratory distress syndrome	Carcinomatosis	Dementia (when not otherwise specified)
Acute myocardial infarction	Cardiac arrest	Diarrhea
Altered mental status	Cardiac dysrhythmia	Disseminated intra vascular coagulopathy
Anemia	Cardiomyopathy	Dysrhythmia
Anoxia	Cardiopulmonary arrest	End-stage liver disease
Anoxic encephalopathy	Cellulitis	End-stage renal disease
Arrhythmia	Cerebral edema	Epidural hematoma
Ascites	Cerebrovascular accident	Exsanguination
Aspiration	Cerebellar tonsillar herniation	Failure to thrive
Atrial fibrillation	Chronic bedridden state	Fracture
Bacteremia	Cirrhosis	Gangrene
Bedridden	Coagulopathy	Gastrointestinal hemorrhage
Biliary obstruction	Compression fracture	Heart failure
Bowel obstruction	Congestive heart failure	

Hemothorax	Myocardial infarction	Seizures
Hepatic failure	Necrotizing soft-tissue infection	Sepsis
Hepatitis	Old age	Septic shock
Hepatorenal syndrome	Open (or closed) head injury	Shock
Hyperglycemia	Paralysis	Starvation
Hyperkalemia	Pancytopenia	Subdural hematoma
Hypovolemic shock	Perforated gallbladder	Subarachnoid hemorrhage
Hyponatremia	Peritonitis	Sudden death
Hypotension	Pleural effusions	Thrombocytopenia
Immunosuppression	Pneumonia	Uncal herniation
Increased intra cranial pressure	Pulmonary arrest	Urinary tract infection
Intra cranial hemorrhage	Pulmonary edema	Ventricular fibrillation
Malnutrition	Pulmonary embolism	Ventricular tachycardia
Metabolic encephalopathy	Pulmonary insufficiency	Volume depletion
Multi-organ failure	Renal failure	
Multi-system organ failure	Respiratory arrest	

Vital Records Frequently Asked Questions (FAQs)

A list of answers to the most commonly asked vital records questions can be found at:
<https://health.mo.gov/data/vitalrecords/faqs.php>

If you have additional questions, feel free to reach out to the Bureau of Vital Records via email at VitalRecordsInfo@health.mo.gov or call 573-751-6387.

Instructions for Correcting a Birth, Death, or Fetal Death Certificate by an Affidavit for Correction

PRINT or **TYPE** all information identifying the certificate and the item(s) to be corrected. The original and fully completed affidavit (not a copy) must be submitted and be free of erasures, write-overs, and/or white-out. Some items are related and correcting one item may require the correction of other related items.

The following information is general guidance for completing an Affidavit for Correction (correction affidavit). **For additional instructions**, see [19 CSR 10-10](#) or contact the Bureau of Vital Records at 573-751-6387.

Fees

There is no fee to process a correction affidavit. Processing a court order requires a \$15.00 fee. For any new copies of the revised certificate, the standard \$15.00 fee per birth certificate or fetal death/still birth and \$14.00 fee (\$11 additional copies) per death certificate will apply.

Notary

All affidavits must always be signed in the presence of a notary public by an individual legally authorized, per [19 CSR 10-10](#), to make the correction.

Who Can Amend a Vital Record

To amend a **birth certificate**, depending on what is being corrected, application may be made by one (1) of the parents, the legal guardian, the registrant, if of legal age, or the individual responsible for the filing of the certificate. The mother's first, middle, and maiden name on a birth record can be corrected by a notarized affidavit from the hospital's medical records department if the hospital prepared the original record in error. If the error was not made by the hospital, then one (1) of the recorded parents or the registrant, if of legal age, shall furnish a notarized affidavit requesting correction and a certified copy of the mother's birth record or a certified copy of the parent's marriage license or a certified statement of marriage from the recorder of deeds' office. The **medical information** on a birth certificate can be changed **only** by the medical certifier or personnel of the institution responsible for filing the certificate. For additional birth correction information, see [19 CSR 10-10](#).

To amend a **death certificate** by affidavit, application may be made by the informant or the funeral director or person acting for the funeral director on the following items: decedent's first name, decedent's middle name, decedent's sex, decedent's date of death (affidavit of funeral home representative or certifier only), decedent's Social Security number, decedent's age, decedent's month of birth, decedent's day of birth, was decedent ever in United States armed forces?, place of death, marital status, surviving spouse's name (see [19 CSR 10-10.110](#), paragraph (2)(A)8), decedent's usual occupation and kind of business or industry, decedent's residence, decedent's origin and race, decedent's education, father's first name, father's middle name, mother's first name, mother's middle name. Informant's name, informant's mailing address, disposition information, name and address of funeral home and funeral establishment license number can be amended only by affidavit of funeral home representative. The **medical information** on a death certificate can be changed **only** by the medical certifier, coroner, or medical examiner who certified the cause of death. A funeral director or other person acting as such cannot change medical information.

To amend a **fetal death/still birth certificate**, application may be made by informant, coroner, medical examiner, or personnel from the hospital, clinic, or funeral home who prepared the certificate. Except for medical information, the amendment process is the same as for a birth or death certificate. The **medical information** can be changed **only** by the medical certifier, coroner, medical examiner, or personnel of the institution responsible for filing the certificate. **Cause of death information** can be changed **only** by the medical certifier, coroner, or medical examiner. To correct all other items on a fetal death certificate, documentary evidence considered necessary to preserve the integrity of the certificate shall be required.

Documentary Evidence

To correct an item(s) on a certificate, documentary evidence necessary to preserve the integrity of the certificate shall be required. Depending on the number of items to be corrected, more than one (1) document may be required. Generally, original documents are not required and copies/photocopies are acceptable. However, some changes require a certified copy of the documentation.

The burden of submitting proof is on the applicant. The state registrar shall determine whether the document submitted satisfactorily supports the correction requested. When the applicant cannot submit proper documentation, the applicant shall be notified of the deficiencies and given appeal rights to a court of competent jurisdiction.

Documentary evidence which supports the alleged facts shall be a filed document which shows, as a minimum, the correct full name and correct age or date of birth, and shall have been filed at least **five (5) years** prior to the date of application for the amendment.

A filed document is defined as a record which is **permanently maintained** by an agency, organization, or business and is accessible for verification at a later date. The burden of submitting proof is on the applicant. The state registrar shall determine whether the document submitted satisfactorily supports the correction requested. When the applicant cannot submit proper documentation, the applicant shall be notified of the deficiencies and given appeal rights to a court of competent jurisdiction.

Suggested Documents

The following list of suggested documents are possible examples. Other similar documents may also be acceptable. Not all suggested documents may be acceptable for all types of corrections.

- Church Record/Baptismal Record
- Prenatal Records
- School Enrollment Record
- U.S. Passport
- U.S. Census Record
- Physician/Hospital Record
- Social Security Card and/or Numident Form
- State and/or Federal Tax Return
- Driver's License
- Insurance Policy
- W-2, I-9, or Similar Employment Record
- Military Record
- Voter ID Registration Card
- Certified Copy of Parent's Birth Certificate
- Certified Copy of Marriage Certificate or Statement
- Bank Statements
- Mother's Worksheet
- Facility Worksheet

Court Orders

Major deficiencies on individual vital records shall be corrected by court order. The Bureau of Vital Records shall be furnished with a certified copy of an order from a court of competent jurisdiction directing them to make the desired correction. The order shall identify the record(s) as presently filed and direct the bureau as to the items to be corrected, amended, or changed.

Major deficiencies specifically requiring a court order are those that:

1. Amend year of birth on a birth record;
2. Amend a previously amended birth record corrected by court order, adoption, or legitimation;
3. Amend an item previously amended by affidavit;
4. Amend the date of birth on a birth record when adequate documentation before the eleventh birthday is not available;
5. Completely change the mother's name on a birth record;
6. Completely change, on the birth record, the name of the natural parent or add the name of a parent when deceased;
7. Change, on the birth record, the surname of the registrant or the surname of the father by changing three (3) or more letters, or by changing one (1) or two (2) letters which results in a different pronunciation of the surname;
8. Change, on the death record, the surname of the deceased by changing three (3) or more letters or by changing one (1) or two (2) letters which results in a different pronunciation of the surname;
9. Change both the sex and registrant's name when the name appears to be that typically used for the opposite sex;
10. Amend a written signature (amended signature will be typed);
11. Delete father's name on a legitimate birth record.
 - To delete the father's name from a birth certificate, the court order shall find that he is not the natural father and then direct the Bureau of Vital Records to delete his name from the birth record. If the court also finds the natural father and the mother have been legally married, the birth certificate can be legitimated by the same court order. The order shall give the date and place of marriage. The order also shall give the natural father's full name, date of birth, state of birth, race, Social Security number, and the natural mother's date of birth

and Social Security number to establish a new birth certificate by legitimation. If the child's name is to be changed to the father's name, the order also shall indicate the name change.

Processing a Correction

The original certificate/office working copy of the birth, death, or fetal death shall have the correction entered on its face by interlineation with a line drawn through the incorrect entries. It shall be marked amended. The date of amendment and a summary description of the evidence submitted in support of the amendment shall be endorsed on or made part of the record.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS
**AFFIDAVIT FOR CORRECTION OF A BIRTH, DEATH,
OR FETAL DEATH RECORD**

Save

Print

Reset

STATE FILE NUMBER

Completed by State

STEP 1 - REVIEW INSTRUCTIONS

PRINT or TYPE all information identifying the certificate and the item(s) to be corrected. Once an item is amended, it cannot be amended again unless by a certified court order. **This form must be:**

1. The **original and fully completed affidavit** (not a copy) and free of erasures, write-overs, and/or white-out;
2. Accompanied by **documentary evidence** that supports the indicated correction(s);
3. **Signed in the presence of a notary public** by an individual legally authorized, per 19_CSR 10-10, to make the correction;
4. Mailed to: **DHSS - Bureau of Vital Records**, 800 N. Illinois St., Jefferson City, MO 65101.

Provide information on the current vital record

Some requirements will be required. Some items are related to other items and one item may require the correction of other related items. Items identified as major deficiencies, per 19_CSR 10-10, and cannot be corrected by an Affidavit for Correction. Such deficiencies must be corrected by the Bureau of Vital Records.

To request a vital record, see reverse for instructions, visit: <http://www.health.mo.gov/vitalrecords>, or call 573-751-6387.

STEP 2 - IDENTIFYING VITAL RECORD TO CORRECT

SELECT ONE: <input type="checkbox"/> BIRTH <input checked="" type="checkbox"/> DEATH <input type="checkbox"/> FETAL DEATH	FULL NAME ON RECORD FIRST JOHN MIDDLE DOE LAST SMITH	DATE OF BIRTH OR DEATH MONTH 01 DAY 01 YEAR 2021	SELECT ONE: <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE <input type="checkbox"/> UNKNOWN
--	--	--	--

STEP 3 - ITEM(S) TO CORRECT (IF ITEM IS/SHOULD BE BLANK, PRINT/TYPE "BLANK")

ITEM NO. OR ITEM NAME #33	INSTEAD OF PENDING INVESTIGATION	SHOULD READ NATURAL
ITEM NO. OR ITEM NAME	INSTEAD OF	SHOULD READ
ITEM NO. OR ITEM NAME CERTIFIER'S MAILING ADDRESS	INSTEAD OF 123 WEST MAIN STREET, JEFFERSON CITY, MISSOURI 65101	SHOULD READ 321 WEST MAIN STREET, JEFFERSON CITY, MISSOURI 65101
ITEM NO. OR ITEM NAME	INSTEAD OF	SHOULD READ
ITEM NO. OR ITEM NAME #28A. #28B.	INSTEAD OF MYOCARDIAL INFARCTION BLANK	SHOULD READ ACUTE RESPIRATORY DISTRESS SYNDROME PNEUMONIA
ITEM NO. OR ITEM NAME #28C. #28 PART II	INSTEAD OF BLANK BLANK	SHOULD READ COVID-19 ISCHEMIC STROKE

Method 1 - For shorter correction
(Completed on one line)

Method 2 - For longer correction
(Completed on two lines)

Method 3 - For several corrections
(Two corrections in each box)

STEP 4 - AFFIANT INFORMATION (SIGNED IN PRESENCE OF NOTARY)

AFFIANT'S FULL NAME FIRST SUSAN MIDDLE ANN LAST SMITH	RELATIONSHIP TO REGISTRANT MEDICAL EXAMINER
AFFIANT'S MAILING ADDRESS NUMBER AND STREET AND/OR P.O. BOX 321 WEST MAIN STREET CITY JEFFERSON CITY STATE MISSOURI ZIP 65101	AFFIANT'S PHONE NUMBER (573) 751-6387

SUBJECT TO THE PENALTY OF PERJURY, I DO SOLEMNLY DECLARE AND AFFIRM THAT I AM ELIGIBLE, PURSUANT TO CHAPTER 193, RSMO AND 19_CSR 10-10, TO CORRECT THE VITAL RECORD IDENTIFIED ABOVE AND THAT THE INFORMATION IN THIS AFFIDAVIT FOR CORRECTION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

AFFIANT'S SIGNATURE (MUST BE SIGNED IN THE PRESENCE OF NOTARY)

Dates must match

DATE (MM/DD/YYYY)
01/15/2021

NOTARY PUBLIC BOSSER SEAL	STATE MISSOURI	COUNTY COLE
MUST BE SIGNED IN THE PRESENCE OF A NOTARY	SUBSCRIBED AND SWORN BEFORE ME, THIS 15 DAY OF JANUARY 20 21	USE RUBBER STAMP IN CLEAR AREA BELOW
	NOTARY PUBLIC SIGNATURE JANE SMITH	
	NOTARY PUBLIC NAME JANE SMITH	

Completed by Notary

FOR STATE USE ONLY

DATE PROCESSED	<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	IF APPROVED, DOCUMENT(S) PROVIDED
IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE		PROCESSED BY
DATE PROCESSED	<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	Completed by State
IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE		PROCESSED BY

MO 560-0645 (3-2021)

SEE REVERSE FOR INSTRUCTIONS

VS-460



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF VITAL RECORDS
**AFFIDAVIT FOR CORRECTION OF A BIRTH, DEATH,
OR FETAL DEATH RECORD**

Save

Print

Reset

STATE FILE NUMBER

STEP 1 - REVIEW INSTRUCTIONS

PRINT or TYPE all information identifying the certificate and the item(s) to be corrected. Once an item is amended, it cannot be amended again unless by a certified court order. **This form must be:**

1. The **original and fully completed affidavit** (not a copy) and free of erasures, write-overs, and/or white-out;
2. Accompanied by **documentary evidence** that supports the indicated correction(s);
3. **Signed** in the presence of a **notary public** by an individual legally authorized, per 19 CSR 10-10, to make the correction;
4. Mailed to: **DHSS - Bureau of Vital Records, 930 Wildwood Dr., Jefferson City, MO 65109**

Affidavits that do not meet these requirements will be **rejected**. Some items are related and correcting one item may require the correction of other related items. Some corrections are classified as major deficiencies, per 19 CSR 10-10, and cannot be corrected by an Affidavit for Correction. Such deficiencies require a certified court order to correct.

For more information on how to correct a vital record, see reverse for instructions, visit: <http://www.health.mo.gov/vitalrecords>, or call 573-751-6387.

STEP 2 - IDENTIFYING VITAL RECORD TO CORRECT

SELECT ONE: <input type="checkbox"/> BIRTH <input type="checkbox"/> DEATH <input type="checkbox"/> FETAL DEATH	FULL NAME ON RECORD FIRST	MIDDLE	LAST	DATE OF BIRTH OR DEATH MONTH DAY YEAR	SELECT ONE: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> UNKNOWN
---	------------------------------	--------	------	--	---

STEP 3 - ITEM(S) TO CORRECT (IF ITEM IS/SHOULD BE BLANK, PRINT/TYPE "BLANK")

ITEM NO. OR ITEM NAME	INSTEAD OF	SHOULD READ
ITEM NO. OR ITEM NAME	INSTEAD OF	SHOULD READ
ITEM NO. OR ITEM NAME	INSTEAD OF	SHOULD READ
ITEM NO. OR ITEM NAME	INSTEAD OF	SHOULD READ
ITEM NO. OR ITEM NAME	INSTEAD OF	SHOULD READ
ITEM NO. OR ITEM NAME	INSTEAD OF	SHOULD READ

STEP 4 - AFFIANT INFORMATION (SIGNED IN PRESENCE OF NOTARY)

AFFIANT'S FULL NAME FIRST	MIDDLE	LAST	RELATIONSHIP TO REGISTRANT		
AFFIANT'S MAILING ADDRESS NUMBER AND STREET AND/OR P.O. BOX		CITY	STATE	ZIP	AFFIANT'S PHONE NUMBER
SUBJECT TO THE PENALTY OF PERJURY, I DO SOLEMNLY DECLARE AND AFFIRM THAT I AM ELIGIBLE, PURSUANT TO CHAPTER 193, RSMO AND 19 CSR 10-10, TO CORRECT THE VITAL RECORD IDENTIFIED ABOVE AND THAT THE INFORMATION IN THIS AFFIDAVIT FOR CORRECTION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.					
AFFIANT'S SIGNATURE (MUST BE SIGNED IN THE PRESENCE OF NOTARY)					DATE (MM/DD/YYYY)
NOTARY PUBLIC EMBOSSER SEAL	STATE		COUNTY		
		SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW	
		DAY OF 20			
		NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
		NOTARY PUBLIC NAME (TYPED OR PRINTED)			

FOR STATE USE ONLY

DATE PROCESSED	<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	IF APPROVED, DOCUMENT(S) PROVIDED
IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE		PROCESSED BY
DATE PROCESSED	<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	IF APPROVED, DOCUMENT(S) PROVIDED
IF REJECTED, REASON(S) FOR REJECTION/INSTRUCTIONS TO RESOLVE		PROCESSED BY

MO 580-0645 (3-2021)

SEE REVERSE FOR INSTRUCTIONS

VS-460

**AUTHORIZATION TO CREMATE TEMPLATE
PUT ON FUNERAL HOME LETTERHEAD**

Date: _____

Due to the family's decision for cremation of _____, Missouri Revised Statutes (RSMo), Section 193.175.1 indicates, "...if the body is to be cremated, a completed death certificate shall be filed with the local registrar prior to cremation..."

Additionally, the Missouri Code of State Regulations indicates, "...if a completed death certificate cannot be filed because the cause of death has not been determined, a body shall not be cremated until written authorization from the...medical certifier is received by the funeral director..."

We would appreciate it if you would please sign the statement below that would authorize cremation until the official certificate of death is completed. Please fax it back to us at (____) _____.

The statement will allow us to cremate in a timely manner according to the wishes of the family.

I, _____, do certify that I am the medical certifier of record and will
PRINT NAME

Complete the cause of death and sign the official *Certificate of Death* for _____.
NAME OF DECEASED This statement is to allow the family to proceed with the cremation and service plans.

Medical Certifier Signature

License Number (if applicable)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES - BUREAU OF VITAL RECORDS

OUT-OF-STATE DISPOSITION NOTIFICATION/AUTHORIZATION

This notification is to be used only when deemed necessary by Funeral Home Licensee.

The State of Missouri no longer requires the acquisition of a permit prior to disposition of a dead body, effective August 13, 1984. Authorization for disposition is acquired through notification of death to the Local Registrar in the county which the death occurred.

I HEREBY CERTIFY THAT NOTIFICATION OF DEATH FOR

DECEDENT		WAS FILED WITH THE LOCAL REGISTRAR OF
COUNTY	, MISSOURI ON	DATE FILED BY LOCAL REGISTRAR (MONTH. DAY. YEAR)
CEMETERY OR CREMATORY - NAME	LOCATION (CITY, STATE)	DATE (MONTH, DAY, YEAR)
SIGNATURE (FUNERAL HOME LICENSEE)		MO. LICENSE NUMBER

MO 580-0727 (9-03) AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER - services provided on a nondiscriminatory basis VS-302 (9-03)

Sample Letter for Local Registrars to Issue Out of Country Disposition

Statement should be placed on Department/Office Letterhead

This letter must be notarized. A certified copy of the death certificate should also be notarized and attached. Authentication by the Secretary of State's office will be required. Please contact Missouri Department of Health and Senior Services Bureau of Vital Records at 573-751-6387 option 4 for additional guidance.

Information has been reviewed from the death certificate of (name of deceased) who expired on (date of death) in (give city/county), Missouri. The cause of death was determined to be (give cause) by (give medical examiner/coroner, physician's name) of (give name of city/county).

It has also been determined by the certifier that (name of deceased) is free of communicable disease and has been released by (medical examiner/coroner, physician) for proper disposition by (give funeral home/service) of (give location of funeral home/service including city and state).

The body is to be removed from (give name of city/county), Missouri to (give state/country of burial).

Your signature & title
Affix seal

Notary Signature and Seal

Courier Service as an Alternate to Mailing Death Certificates

As an alternative to mailing death certificates through the United States Postal Service to the Bureau of Vital Records, you may choose to send them to the bureau using the State Public Health Laboratory courier service. Information about the courier service including drop off locations and pickup time can be found at <https://health.mo.gov/lab/courierservices.php>.

Please direct any questions about using the courier service for death certificates to the Bureau of Vital Records at 573-751-6387, Option 3. Again, using the courier is an option. You may also continue to mail death certificates using the postal service.

Drop to Paper (DTP) Death Certificate Local Issuance Completion Guide

STATEMENT BY LICENSED EMBALMER	
<input type="checkbox"/> EMBALMED <input type="checkbox"/> NOT EMBALMED	
I hereby certify that the deceased named above was embalmed by me, _____	
or by student _____	(Name and Licensee Number) _____
(Name and Licensee Number)	(Date) _____
working under my personal supervision.	
City or Town _____	State _____
Date Certified (Month, Day, Year) _____	

NOTE: Failure to comply with embalming requirements constitutes grounds for revocation of license.

DTP-2019

Drop to Paper (DTP) death certificates can be:

1. Registered locally at a local public health agency (LPHA) and then issuable per state law for twenty-four (24) hours upon receipt, after which, the certificate shall be sent to the Bureau of Vital Records (BVR) in Jefferson City for final registration and assignment of a State File Number (SFN). In the event a certificate was accidentally accepted with errors or missing information at the local level, it **cannot** be sent back to be corrected, as copies could have already been issued at the local level. Therefore, a notarized correction affidavit will be required to correctly document and process any changes and officially register the record for permanent archival. **The certificate should not be re-dropped from MoEVR and a LPHA should never register a re-dropped certificate.** This results in duplicate registered versions. Therefore, all LPHAs should keep a log documenting all DTP death certificates they locally register. Until the errors and/or missing information is corrected and the certificate is accepted by BVR in Jefferson City, the record is not officially registered at the state level nor available for issuance at any level. After state registration, short form computer generated copies are issuable at the local level and short or long forms are available at the state level.
OR
2. not registered locally and couriered by an LPHA to BVR or mailed directly to BVR by a funeral home for final registration and assignment of a State File Number (SFN). If a DTP death certificate is not registered at the local level and sent directly to BVR, and the certificate has missing or blank information that prevents registration, it can simply be sent back to the funeral director to obtain missing information from the appropriate data provider and resubmitted. After state registration, short form copies are issuable at the local level and short or long forms are available at the state level.

Please carefully follow these steps to ensure a drop to paper (DTP) death certificate will be accepted and registered for permanent archival at the Bureau of Vital Records (BVR) in Jefferson City.

1. Ensure there are no signs the record has been altered. This includes scratch-outs or strike-throughs (even with initials next to the strike), write-overs, type-overs, and white-outs. The

error should be shown to the individual presenting the record with instruction that the record is unable to be filed and needs to be redone.

2. Check that the certificate is printed on 8 ½ x 14 security paper with the blue color and seal on the back.
3. No watermarks are permitted on the form (Most common is a watermark for “Office Copy”)
4. Additionally, a record being submitted **must have DTP-YYYY** located in the lower left corner below the “NOTE:” in order to be able to be locally registered. Certificates without this marking **cannot** be locally registered and should be sent directly to the Bureau of Vital Records.
5. A thorough, box by box, review of the death certificate needs to be made. If a required item is missing, the record should be returned to the presenter to take to the appropriate data provider to be completed. The record may be couriered directly to BVR instead of being registered at the local level. Once registered, short form death certificate copies can still be issued at the local level.

Below is a step-by-step guide.

1. **Decedent’s Legal Name** (include AKA’s if any) (First, Middle, Last, Suffix)
 - Must be present in First, Middle, Last name order
2. **Sex**
 - Must be male (M) or female (F)
3. **If Female, Last Name Prior to First Marriage**
 - Must be present if the decedent is a woman
 - May match Legal Name
4. **Actual or Presumed Date of Death** (Month, Day, Year)
 - Must be present in Month, Day, Year order
5. **Social Security Number**
 - May be “unknown”
6. **Age – Last Birthday Years**
 - Must be present (this should be consistent with the Date of Death minus Date of Birth)
 - If 6a is blank 6b or 6c should be completed
 - a. >59 minutes, hours should be used
 - b. >23 hours, days should be used
 - c. >28 days, months should be used
 - d. >11 months, years should be used
7. **Date of Birth** (Month, Day, Year)
 - Must be present
8. **Birthplace** (City and State or Foreign Country)
 - Must be present
9. **Decedent’s Residence**
 - a. **Country, State, Territory or Province**
 - Must be present
 - b. **County**
 - Must be present
 - c. **City, Town, or Location**

- Must be present
- d. **Street and Number**
 - Must be present
- e. **Apartment No.**
 - May be blank
- f. **Zip Code**
 - Must be present
- g. **Inside City Limits**
 - Must be answered
- 10. **Was Decedent Ever in U.S. Armed Forces?**
 - Must be present
- 11. **Marital Status at Time of Death**
 - Must be present
- 12. **Surviving Spouse's Name (if wife, give name prior to first marriage)**
 - May be blank if Widowed, Divorced, Never Married, or Unknown
- 13. **Father's Name (First, Middle, Last, Suffix)**
 - Must be present – may be “unknown”
- 14. **Mother's Name Prior to First Marriage**
 - Must be present – may be “unknown”
- 15. **Informant's Information**
 - Informant's Name (First, Middle, Last, Suffix)**
 - Must be present
 - Relationship to Decedent**
 - Must be present
 - Cannot contradict 11 and 12 (11 – divorced, 15b spouse)
 - Mailing Address (Street and Number, City, State, and Zip Code)**
 - Must be present and complete
- 16. **Place of Death**
 - Must be present
 - If “other” where has to be specified (written in)
- 17. **Facility Name**
 - Must be present
 - If 16 is decedent's home then 17 must match 9d
- 18. **City or Town, State and Zip**
 - Must be present
 - If 16 is decedent's home then 18 must match 9c and 9f
- 19. **County of Death**
 - Must be present
 - If 16 is decedent's home then 18 must match 9c and 9f
- 20. **Disposition**
 - a. **Method of Disposition**
 - Must be present
 - Only one may be chosen

b. Date of Disposition

- May be blank
- Must be after the Date of Death

21. **Place of Disposition**

- Must be present

22. **Location**

- Must be present – this is the location of disposition

23. **Name and Complete Address of Funeral Facility**

- Must be present and complete

24. **Signature of Funeral Service Licensee or Other Person Acting as Such**

- Must be present
- It may be typed if “DTP-YYYY” (YYYY=year) is below the note at the bottom, left of the page

25. **Funeral Establishment License Number**

- May be blank if disposition was not handled by a funeral home but normally present
- e.g. body donated to science or hospital disposition

26. **Actual or Presumed Time of Death**

- Must be present
- Must be complete (e.g. 6:54 requires an AM or PM, 12:00 noon or midnight)

27. **Was Medical Examiner/Coroner Contacted**

- Must be marked

28. **Cause of Death**

Part I

- a. Must be present – approximate interval may be blank
- b. May be blank – approximate interval may be blank
- c. May be blank – approximate interval may be blank
- d. May be blank – approximate interval may be blank

Part II – other significant conditions contributing to death

- May be blank

29. **Was an Autopsy Performed?**

- Must be marked

30. **Were Autopsy Findings Available to Complete the Cause of Death?**

- May be blank if #29 is marked “NO”

31. **Did Tobacco Use Contribute to Death?**

- Must be marked

32. **If Female**

- May be blank if the decedent is male
- Must be marked if female is between the ages of 10 and 65

33. **Manner of Death**

- Must be marked
- Should be “Natural” if not signed by Medical Examiner or Coroner

34-39 is all or none. No “N/A” allowed. This is where a Medical Examiner or Coroner

inputs injury information.

34. Date of Injury

- May be blank if no injury was present

35. Time of Injury

- May be blank if no injury was present

36. Place of Injury (e.g. decedent's home; construction site; restaurant; wooded area)

- May be blank if no injury was present

37. Injury at Work?

- May be unmarked if no injury was present

38. Location of Injury

a. State

- May be blank if no injury was present

b. County

- May be blank if no injury was present

c. City or Town

- May be blank if no injury was present

d. Street and Number

- May be blank if no injury was present

e. Zip Code

- May be blank if no injury was present

39. Describe how injury occurred

- May be blank if no injury was present

40. If Transportation Accident (Specify)

- May be unmarked if not transportation related
- Must be blank if 34-39 blank

41. Certifier (Check Only One)

- Must be marked
- Must be signed by the person whose name is in box 42

42. Name, Address and Zip Code of Person Completing Cause of Death (Item 28)

- Must be present
- Must be complete – Name, street address, city, state, and zip code

43. Title of Certifier

- Must be present

44. Certifier MO License Number

- May be blank if not licensed in Missouri
- May be blank if certifier is a Coroner
- Check that this number is correct at <https://pr.mo.gov/licensee-search.asp>

45. Certifier NPI Number

- Must be present if #44 is blank and #42 is checked "Medical Certifier"
- May be blank if #44 is filled
- May be blank if certifier is a Coroner
- Check that this number is correct at <https://npiregistry.cms.hhs.gov/>

46. **Date Certified** (Month, Day, Year)

- Must be present
- Must be the date of death or later but not a future date
- Should not be the date the medical certifier was licensed

47. **Registrar's Signature**

- May be signed provided all criteria is met
- Must be the registrar for the county of death in #19 and have "DTP-YYYY" under the "Note:" in the lower left corner of the certificate
- Only signed once the certificate has been checked and if the presenter requires long form copies.

48. **For Registrar Only**

- Blank unless #47 is signed. Must be the date signed by the local registrar.

49. **Decedent's Education**

- Must be marked
- Infants will have 8th grade or less marked

50. **Decedent of Hispanic Origin?**

- Must be marked

51. **Decedent's Race**

- Must be marked (even if Hispanic Origin is selected)

52. **Decedent's Usual Occupation**

- Must be present

53. **Kind of Business/Industry**

- Must be present

➤ **Embalmed or Not Embalmed**

- Must be marked

➤ **Embalmer Information**

- Everything must be blank if not embalmed
- "If embalmed" must be completed
 - Student Name and License Number may be blank if the decedent was not embalmed by a student
 - Date should be the same as or after the date of death
 - City or Town and State must be present
 - Date Certified (Month, Day, Year) must be the same as or after the date of death if completed

Where to Find Forms

All vital records applications and forms can be found at <https://health.mo.gov/IVrecords/>

Importance of Death Certificates

Families

- Handle final disposition of the body
- Closing out business affairs of the decedent
- Terminate benefits before an overpayment is made
- Gain access to bank accounts
- Utilize life insurance policies
- Transfer property ownership
- Provide closure

Public Health

- Leading cause of death
- Life expectancy
- Plan/evaluate programs

Medical Field

- Determine where future research funding should be allocated
- Measure progress of medical interventions
- Measure health outcomes
- Monitor prevalence of disease

Why We Do What We Do:

<https://health.mo.gov/data/vitalrecords/pdf/whywedowhatwedo.pdf>

Training & Resources

Website for MoEVR Login: <https://moevr.dhss.mo.gov/>

Links & Information on this document can be found at:
<https://health.mo.gov/data/vitalrecords/training/index.php>

The purpose of the Missouri Electronic Vital Records (MoEVR) system is to support the registration of Missouri vital events for the Missouri Department of Health and Senior Services and other users such as funeral directors, attending physicians, medical examiners, and birthing facilities.

Therefore, **before utilizing MoEVR**, complete the following training modules.



[Module 1: Medical Certifier Rules and Regulations Training](#)
[Module 2: MoEVR Login & Password Reset](#)
[Module 3: MoEVR Medical Certification Process](#)
[Module 4: Death Certificate Affidavit of Correction and Query Letters](#)
[Module 5: MoEVR Knowledge Check](#)



The Missouri Bureau of Vital Records has field representative staff who travel the state training vital record stakeholders. Field staff can also arrange for telephone/web conference training calls. If you are a vital record stakeholder (local county health agency, funeral home/director, hospital/licensed birthing center, county official, medical certifier, medical examiner/coroner, etc.) and would like to request personalized training or a private training session from the Missouri Bureau of Vital Records, **call 573-751-6387, option 4.**



According to the National Center for Health Statistics (NCHS), birth and death information is an important source of statistical data for identifying public health problems, monitoring progress in public health, informing the allocation of research and prevention funds, and conducting scientific research. For these reasons, complete, accurate, and standardized reporting of vital events is critical.

Therefore, **before completing vital event data in Missouri**, review the [comprehensive training and instructional materials](#) made available by the National Center for Health Statistics.



Bureau of Vital Records Contact List

930 WILDWOOD DRIVE, JEFFERSON CITY, MO 65109 www.health.mo.gov/vitalrecords

TEAM MEMBER	TITLE/SERVICE AREA	PHONE	EMAIL
Ken Palermo	State Registrar	573-522-2808	ken.palermo@health.mo.gov
Joyce Luebbering	Bureau Chief	573-526-4717	joyce.luebbering@health.mo.gov
Dylan Bryant	Deputy Bureau Chief	573-526-1511	dylan.bryant@health.mo.gov
Vacant	Public Health Program Specialist - North Region	573-751-6375	
Eron Foster	Public Health Program Specialist - East Region	573-522-1712	eron.foster@health.mo.gov
Tammy Thrasher	Public Health Program Specialist - Central Region	573-751-9026	tamara.thrasher@health.mo.gov
Justin Milligan	Public Health Program Specialist - South Region	573-751-1691	justin.milligan@health.mo.gov
Vacant	Public Health Program Specialist - West Region	573-522-3233	
Bureau of Vital Records Main Line		573-751-6387	VitalRecordsInfo@health.mo.gov
Certification Unit	Issues Vital Records	573-751-6387, Opt 1	VitalRecordsInfo@health.mo.gov
Amendment Unit	Corrects Vital Records	573-751-6387, Opt 2	VitalRecordsInfo@health.mo.gov
Central Processing Unit	Registers Vital Records	573-751-6387, Opt 3	VitalRecordsInfo@health.mo.gov
Public Health Program Specialists	MoEVR/Stakeholder Support	573-751-6387, Opt 4	MoEVRsupport@health.mo.gov
LPHA/County Dedicated Email Support (15 minute response time)			VitalRecordsSupport@health.mo.gov
ITSD	PROD/TN 3270 Help Desk	573-751-6388	
To Order Supplies:	Fax request on agency letterhead or email	FAX: 573-526-3846 Email: VitalRecordsSupport@health.mo.gov	

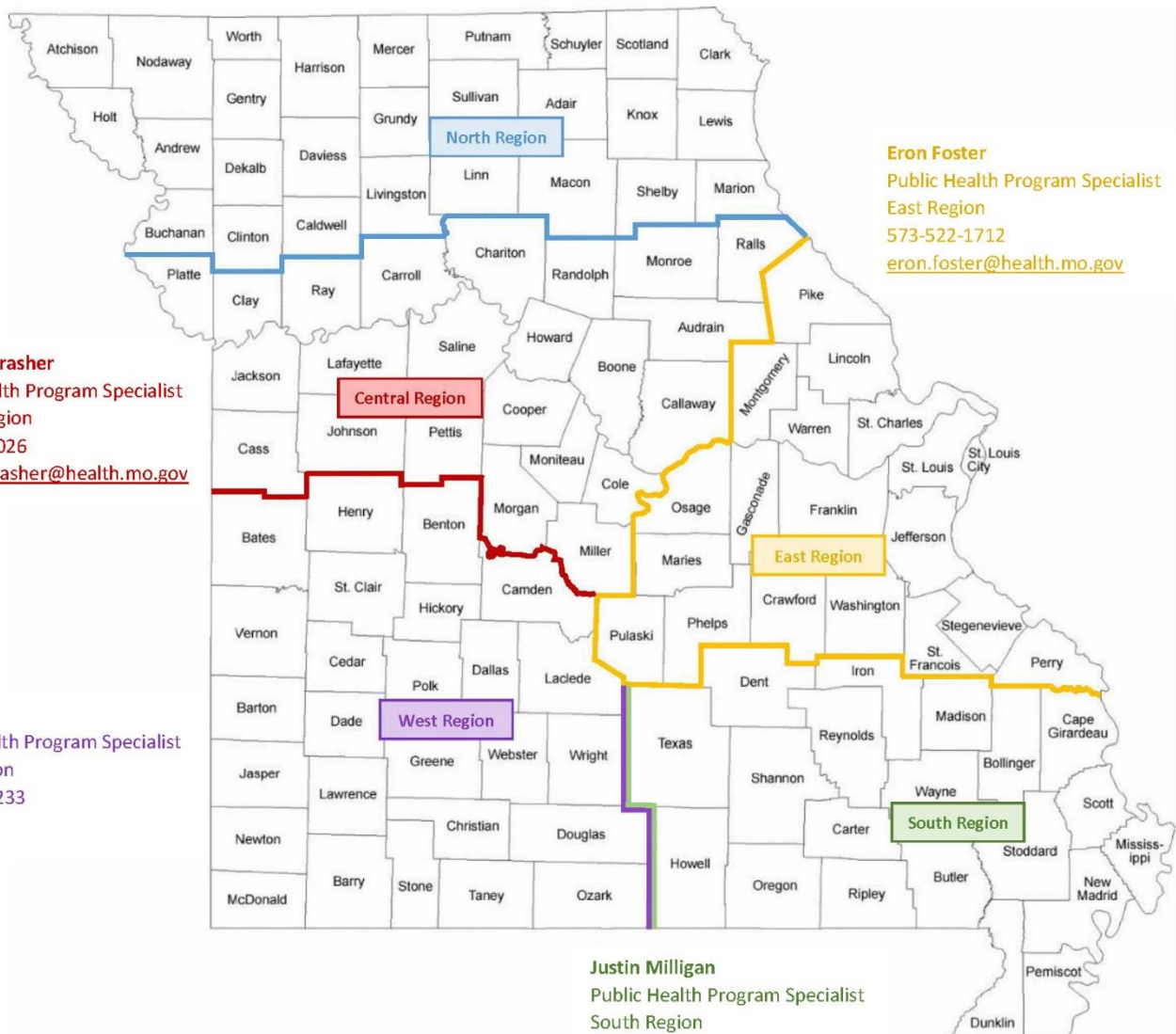


Public Health Program Specialists Region Map

Bureau of Vital Records

930 Wildwood Drive
Jefferson City, MO 65109
573-751-6387, Option 4
www.health.mo.gov/vitalrecords

Vacant
Public Health Program Specialist
North Region
573-751-6375



NORTH REGION		EAST REGION		CENTRAL REGION		SOUTH REGION		WEST REGION	
Vacant		Eron Foster		Tammy Thrasher		Justin Milligan		Vacant	
573-751-6375		573-522-1712		573-751-9026		573-751-1691		573-522-3233	
ADAIR	1	CRAWFORD	55	AUDRAIN	7	BOLLINGER	17	BARRY	9
ANDREW	3	FRANKLIN	71	BOONE	19	BUTLER	23	BARTON	11
ATCHISON	5	GASCONADE	73	CALLAWAY	27	CAPE GIRAR	31	BATES	13
BUCHANAN	21	JEFFERSON	99	CARROLL	33	CARTER	35	BENTON	15
CALDWELL	25	LINCOLN	113	CASS	37	DENT	65	CAMDEN	29
CLARK	45	MARIES	125	CHARITON	41	DUNKLIN	69	CEDAR	39
CLINTON	49	MONTGOMERY	139	CLAY	47	HOWELL	91	CHRISTIAN	43
DAVIESS	61	OSAGE	151	COLE	51	IRON	93	DADE	57
DEKALB	63	PERRY	157	COOPER	53	MADISON	123	DALLAS	59
GENTRY	75	PHELPS	161	HOWARD	89	MISSISSIPPI	133	DOUGLAS	67
GRUNDY	79	PIKE	163	JACKSON	95	NEW MADRID	143	GREENE	77
HARRISON	81	PULASKI	169	JOHNSON	101	OREGON	149	HENRY	83
HOLT	87	ST CHARLES	183	KANSAS CITY		PEMISCOT	155	HICKORY	85
KNOX	103	ST FRANCOIS	187	LAFAYETTE	107	REYNOLDS	179	JASPER	97
LEWIS	111	ST LOUIS	189	MILLER	113	RIPLEY	181	JOPLIN CITY	
LINN	115	ST LOUIS CITY	510	MONITEAU	135	SCOTT	201	LACLEDE	105
LIVINGSTON	117	STE GENEVIEVE	193	MONROE	137	SHANNON	203	LAWRENCE	109
MACON	121	WARREN	219	MORGAN	141	STODDARD	207	MCDONALD	119
MARION	127	WASHINGTON	221	PETTIS	159	TEXAS	215	NEWTON	145
MERCER	129			PLATTE	165	WAYNE	223	OZARK	153
NODAWAY	147			RALLS	173			POLK	167
PUTNAM	171			RANDOLPH	175			ST CLAIR	185
SCHUYLER	197			RAY	177			STONE	209
SCOTLAND	199			SALINE	195			TANEY	213
SHELBY	205							VERNON	217
SULLIVAN	211							WEBSTER	225
WORTH	227							WRIGHT	229

Bureau of Vital Records Training Evaluation

1. Please rate the training you received today:

Excellent Above Average Average Below Average Poor

2. Do you feel the training was helpful in educating you and/or your staff in relation to what was asked of the field representative to provide? Please provide comments so we understand where we can make changes in the training.

Yes Somewhat No

Comments:

3. Were your questions answered in this training? Please provide comments so we understand where we can make changes in the training.

Yes Somewhat No

Comments:

4. How can we improve this training to better suit your needs?

5. How can the Bureau of Vital Records better serve you?